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CONFIRMATION NO. 7765

SERIAL NUMBER 10/625,327	FILING DATE 07/23/2003 RULE	CLASS 602	GROUP ART UNIT 3743	ATT DOC COR
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/071,713 02/07/2002

Verified *KW*

** FOREIGN APPLICATIONS *****

None *KW*IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY **
 GRANTED

** 12/02/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 40	INDE (
Examiner's Signature	Initials				

ADDRESS

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TITLE

Ultra thin film transdermal/dermal or transmucosal/mucosal delivery system

FILING FEE RECEIVED 1262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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